

# St. Joseph County Department of Health

## Mobile Food Truck "Plan and Review" Application

The "Plan and Review" Application:			
Business Name:			
Mobile Food Truck Name:		License Plate #	
Make of Mobile Food Truck:	Model:	Color:	
Owner Name:			
Owner Address:			
City:	_ State:	Zip:	
Primary Telephone/Contact Number: _		Fax:	
E-Mail Address:			
Commissary Address:			
Address Where Mobile Unit Will Be S	tored:		
Applicants Name if Different from Ow	ner:		
Title (owner, manager, etc.):			
Mailing Address:			
City:	State:	Zip:	
Telephone:	E-Mail:		
Printed Name of Person Completing Ap		Date	
Signature of Person Completing Applic	cation		
Date Received:	For office use only	y Application Fee Amount:	
Transaction #		Department Employee:	
lan and Review Yes No To sca	ale drawing/plans Yes No	o <b>Menu</b> Yes No	
Commissary Agreement Yes No N	I/A	<b>Equipment spec. sheet</b> Yes No	



#### St. Joseph County Department of Health

"Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents"

#### **Instructions for Mobile Food Truck Plan and Review Ouestionnaire Form:**

The enclosed/attached questionnaire is intended to help the individual/business planning to operate a mobile food truck (MFT) in St. Joseph County Indiana. A "mobile food truck", as defined by the St. Joseph County Department of Health (SJCDoH), is a licensed motorized vehicle that is enclosed, self-contained, and serves food to the public, while temporarily located at a public or privately-owned location. Food items may be prepared, cooked, and assembled in the mobile unit or may have been prepared, wrapped/packaged in a licensed commissary or food manufacturing facility.

The term "mobile food truck" shall not include push carts, food delivery vehicles, mobile food trailers or mobile ice cream vendors.

Information is requested about the design, construction, and operation of the **MFT**. Since a commissary is required and must be used as the base of operation for the **MFT**, some questions may also apply to the food handling activities that will occur both at the commissary and on the mobile unit.

Section numbers cited at the end of some questions refer to Indiana's *Retail Food Establishment Requirements Title 410 IAC 7-24*.

Requested information addresses the following:

- Food safety and sanitation
- Food protection and integrity during preparation
- Control of pathogens during hot and cold holding
- Proper use of sanitizers
- Proper storage and use of poisonous or toxic materials
- Ware-washing use and capacity
- Water Supply, sewage disposal, and the wastewater tank
- Backflow, hot water capacity, and grease disposal
- Handwashing & toilet facilities
- Interior wall & floor finishes
- Storage of personal belongings
- Insect and rodent prevention
- Refuse and recyclables storage and disposal
- Light intensity requirements

The individual or business, operating a Mobile Food Truck, is required by the SJCDoH to hold **both a mobile food truck permit** and a **commissary permit**.

The Plan and Review Application (page 1) must be submitted with the completed questionnaire (pages 3 – 9). Please contact the St. Joseph County Department of Health at 574-235-9750 if further assistance is needed when completing these documents.



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# All information must be completed in its entirety per 410 IAC 7-24. Incomplete plans will not be reviewed.

- Please answer all questions and return this form and the application to our office.
- Contact our office at <u>574-235-9750</u> if you have any questions.
- This questionnaire is designed to be a guideline and may not be a complete list of requirements.
- The sanitation requirements noted in this document are specified under the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24. Please use this referenced ISDH rule as it pertains to section numbers found at the end of some questions.

provide the date(s):	desis were submitted to any of the departments fisted	below, please
City:	Zoning:	
Fire:	Building:	
DTSB:	Department of Transportation:	
Total Square Feet:M	obile Food Truck Interior:Commissary:	
Provide information for the Cert	ified Food Protection Manager certified in food safet	y (Title 410 IAC-22):
Name:	Certificate number:	
Company:	Certificate Expiration Date:	
How will employees be trained in fo	ood safety (Section 119)?	
Has the following information bee	en included?	
A to-scale drawing/plan of the MFT	T's interior, including location of equipmentYes_	No
List of all equipment	Yes_	No
Complete list of menu items to be so	ervedYes_	No
Proposed location/route for mobile	food truckYes_	No
Signed Commissary Usage Agreem	ent if licensed facility owned by someone else. Yes	No N/A
Toilet facilities accessibility	Yes	s No

Answer the following questions as they pertain to the mobile food truck operations.

### Equipment

	from the food prep area and describe the materials used in construction of the separation ( <b>Section 424</b> ).
	Will all equipment meet design and construction requirements for the American National Standards Insti (ANSI) or meet (Section205)? Yes No
	Will the utensils and food storage containers be made from food-grade quality materials ( <b>Section 205</b> )? Yes No
4.	Are only single service, prewrapped utensils available for use by customers? Yes No
5.P	lease list any used equipment that will be utilized.
	A commercial mechanical ventilation hood system sufficient for the needs of the MFT are required at or above all ranges, griddles, deep fat fryers and similar equipment (Section 307). Does the MFT have a ventilation hood system? Yes No N/A
	Has the Fire Department certified that the system is sufficient for the needs of the Mobile Food Truck (Section 307)? Yes No
	s all equipment used for the storage of potentially hazardous food adequate to meet required temperature 135°F or above for hot foods and 41°F or below for cold foods? (Section 187)  s No N/A
	Please list equipment to be used for hot and cold holding of foods; including any to be used during transporting or serving (Section 187).
	s may not be used for cold storage of potentially hazardous food items.
	Are all refrigeration unit(s) equipped with thermometers (Section 256)? Yes No
0	List all food suppliers, including those that provide ice (Section 142).
1.	What is the procedure for receiving food deliveries (Section 166)?
2	How often will food be delivered?

		that will be used to cool each missary or on the MFT. (Sec	
part of the cooking  ten  at will require cooling tecify whether cooling tecify whether ath	g. Indicate the process will be done at the com	nmissary or on the MFT. (Sec	tion 189,19
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ath			
ne (quartering a large			
ices (blast freezer)			
)			
	_		service on t
l record food temperate	ures on the food truck	(Section 119)?	
eftover at the end of the	he serving period, how	will it be handled?	
	on 188)?d record food temperat	will be used for foods that may require reheaton 188)?	

## Ware-washing/Dishwashing

2	Yes No
2	2. Is each compartment large enough to submerge the largest piece of equipment into the 3-compartment sink (Section 270)? Yes No N/A
2	3. Describe how equipment too large to be submerged into the 3-compartment sink will be cleaned and sanitized.
	·
Sanit	ization
2	4. What type of chemical sanitizer(s) will be utilized (Section 294)?  Chlorine (unscented) liquid tablet
	Quaternary ammonium liquid tablet
	Other:
2	5. Are appropriate chemical test kits/papers provided for all types of chemical sanitizers to be used (Section291)? Yes No
Hand	washing/Toilet Facilities
2	6. A handwashing sink is to be provided and accessible in food preparation and dishwashing areas.
	(Section 344): How many hand sinks are provided?
2	7. Is the hand washing facility equipped to provide water having a temperature of a least one hundred (100) degrees Fahrenheit ( <b>Section 342</b> )? YesNo
2	8. Is there a physical barrier or adequate separation (2 feet or greater) of the hand-sink and any preparation of ware-washing sinks? Yes No
2	9. Are restroom facilities accessible during the hours of operation ( <b>Section 353</b> )? Yes No (Include a restroom agreement if applicable)
Wate	r Supply
3	0. Where will potable water be obtained? Is the water supply public () or private ()?
3	1. If private, has the source been tested ( <b>Section 327</b> )? Yes No
	Provide the date of the most recent test
3	2. What is the capacity of the water tank? Gallons
	Is the water tank constructed of food grade material? YesNo
	Is the water tank sloped to an outlet to allow complete drainage of the tank? Yes No

### Wastewater/Sewer Disposal

Γε	What is the size of the wastewater holding tank? Gallonsnk must be at least 15% larger than the water tank and permanently installed)
5.	Is the wastewater tank equipped with a shut-off valve (section 372)? Yes No
5.	Is the drain for sewage disposal one (1) inch in diameter or greater? Yes No
7.	If used, what is the process for disposing of grease?
8.	Are hot and cold water fixtures provided at every sink (Section 330)? Yes No
	Are hot and cold water fixtures provided at every sink (Section 330)? Yes No
€.	Is the potable water supply hose made from food-grade materials (Section 364)?  Yes No
0.	Is the water heater enclosed in an accessible cabinet or other smooth easily cleanable structure?  Yes No

Fixture			Water Su	pply			Sewage D	isposal	
	AVB	PVB	VDC	HB		Air Gap	Air	Air Gap	Direct
							Break		Connect
3 Compartment									
Sink									
Hand Sink									
Prep Sink									
Hose Connections									
Other									
AVB=Atmospheric	Vacuum Breake	r			HB=	=Hose Bib	Vacuum Bre	eaker	
PVB=Pressure Vacu	um Breaker				VD	C=Vented I	Double Chec	k Valve	

### Room Finish Schedule (What will be used in the construction of the interior of the food truck)

42. Please describe the materials used in the construction of the following on the mobile unit. (Section 402).

AREA	FLOORS	COVING	WALLS	CEILING
Mobile Truck Interior				
	Wood flooring is not allowed.			

Lightin	g
43	. Is the lighting in food preparation and dishwashing areas at least 70-foot candles (Section 411)?
	YesNo
44	. Are light bulbs shielded, coated, or otherwise shatter-resistant (Section 410)? Yes No
45	. What is the power source for the MFT?
46	. If electricity is required, how will the electrical supply be connected to the MFT?
Persona	al Belongings
47	. Describe how/where personal belongings such as coats, purses, medicines, and lunches will be stored.
	(Section 418, 422)
Insect a	nd Rodent Harborage
48	. Will screens be provided on any open windows/doors to the outside (Section 413)? Yes No
49	. Will air curtains be installed? If so, where will the curtains be installed (Section 413)?
50	. Will all pipes and electrical conduit cases be sealed (i.e. ventilation systems, exhaust and intake be protected) (Section 414)? Yes No
Refuse a	and Recyclables
51	. Describe how garbage/solid refuse will be stored and where it will be disposed of ( <b>Section 382</b> )?
52	. Where will recyclables be stored prior to pick-up?
Poisono	us or Toxic Materials and Personal Care Items
53.	List any poisonous or toxic materials that will be used on the mobile food truck.
54.	Where will these be stored (Section 439)?
	Are all working containers, used for storing poisonous or toxic materials, clearly and individually marked (Section 438)? Yes No
56.	Will any insecticides or rodenticides be used ( <b>Section 440</b> )? YesNo If yes, what will be in place to ensure that chemicals are applied in a safe manner and that the chemicals used will only be those allowed in a retail food establishment ( <b>Section 441</b> )?

# The following fee schedule as established by the St. Joseph County Board of Health and hereby approved by the Board of Commissioners of St. Joseph County.

### Resolution R-C-6-05

# Plan and Review/ Application Fees for Food Establishments (this includes the \$75.00 Administrative Fee)

Under 3,000 Square Feet	\$100.00
3,001 to 30,000 Square Feet	\$180.00
30,001 to 40,000 Square Feet	\$260.00
40,001 to 60,000 Square Feet	\$340.00
60,001 Square Feet and over	\$400.00